

Staple Issue Slip Form

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
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SYMBOLS

✓	Rejected
-	Moved
- (Through numbers)	Cancelled
*	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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